



## PART B - FEE(S) TRANSMITTAL

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31625 7590 07/02/2004

**BAKER BOTTS L.L.P.**  
**PATENT DEPARTMENT**  
**98 SAN JACINTO BLVD., SUITE 1500**  
**AUSTIN, TX 78701-4039**

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Heather Moseley	(Depositor's name)
<i>Heather Moseley</i>	(Signature)
8/23/2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/866,991	05/29/2001	Mark Palmer	068354.1088	4513

TITLE OF INVENTION: PROGRAMMABLE IDENTIFICATION IN A COMMUNICATIONS CONTROLLER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	10/04/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHEN, ALAN S	2182	710-008000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Baker Botts L.L.P.

2 \_\_\_\_\_

3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Microchip Technology Incorporated

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Chandler, Arizona

Aegis Technologies, L.L.C.

Flagstaff, Arizona

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2148 (enclose an extra copy of this form).

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(Date)

8/23/04

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